State of California

AGRICULTURAL LABOR RELATIONS BOARD

PROOF OF SERVICE

On	, I served a completed and signed copy of the				
attache	d Unfair Labor Practice	Charge upon:			
Name and Title:					
Address	s at which service accon	nplished:			
(1)	By personally delivering said documents to the named person at the address specified on at (date) (time)				
		(date)		(time)	
Or alter	rnatively,				
(2)) By mailing said documents to the named person at the address specified.				
I declai	re under penalty of perj	ury that the fo	regoing is tr	ue and correct.	
		-			
Execute	ed on(date)	_, at	(city)	, California	
			Declarant	<u> </u>	

Attachment

ALRB 36 (Rev. 2/84)